

Dear Councilor:

After months and now years of closures of businesses, schools and houses of worship; mask mandates on and off; the inability to gather with friends and family and civil society; and the general lack of community and ease of access across all areas of life, this Resolution will make the general malaise worse. What would be the point of a vaccine mandate at this juncture? Montgomery County has a 95% vaccination rate, which, if we were a country would put us at the highest vaccination rate of the entire world aside from Gibraltar. Even still, we did not escape the Omicron wave.

Health officials across the country all expect that this rate of infection will recede quickly. And indeed, by January 14th, the 7-day average of new confirmed COVID cases in Montgomery County (and Maryland in general) has fallen a whopping 28% from its peak a week ago according to the New York Times. Additionally, Montgomery County is now averaging six deaths a day for people with COVID out of a population of one million. This rate is 65% below the peak average at the end of April 2020. This nearly 1/3rd reduction in cases in the last week without a passport mandate and 65% reduction in mortality compared to different variants suggests that this resolution is now wholly inappropriate under the pretense of an emergency measure.

Additionally, evidence has been mounting of the great harms and disparate impact suffered by minority groups from public efforts far less restrictive than what is described in this resolution. It appears that the point of this resolution is to discourage our fellow Marylanders or literal neighbors in other counties from making dinner plans in our town centers, hosting events in public spaces, or visiting in general. The one guaranteed effect this will have is to discourage and exclude minorities from fraternizing or even showing their faces in public spaces, including those as basic as restaurants, wineries, and exercise facilities. Do explain how limiting access to health facilities, in a country where obesity is the highest driver of mortality in general and amid a pandemic virus that is disproportionately fatal to the obese, is warranted for the benefit of public health. As if the stratification of society were not bad enough already, here in one of the wealthiest counties in the entire country, which also happens to have a 42.5% White population, we are proposing a mandate that will purposefully exclude members of what happen to be the ethnic groups with the lowest vaccination rates across the country – Hispanic and black people. In fact, a hearing specific to the obesity epidemic and the effects of such orders would be well-advised in advance of this resolution, and should this resolution pass, the commission on discrimination is required to immediately review any complaints which will certainly be filed.

Such potential harms and discrimination by restricting public accommodation to minority residents who have less of a say in the political process, should be thoroughly considered under normal hearing conditions before implementing any “emergency” mandates.

Indeed, this principle is written into the core of our creed as Montgomery County residents. Sec. 27-11 of the Montgomery County Code prohibits any citizen from discriminatory practices in public accommodations “of any kind in the County” by making “any distinction with respect to any person” on the basis of their religion, ethnicity, age, sex and a myriad of orientations and lifestyle choices. Under our bill of rights, citizens cannot refuse admission select subgroups, refuse service or sales, display any communications that a distinct subclass of society is “unwelcome, objectionable, unacceptable, or not desired.”

Three months ago, the CDC [released a report](#) on the dramatic increase in obesity under pandemic lockdowns, which was particularly severe among those county members too young to vote. They found that “among a cohort of 432,302 persons aged 2–19 years, the rate of body mass index (BMI) increases approximately doubled during the pandemic compared to a pre-pandemic period. Persons with pre-pandemic overweight or obesity and younger school-aged children experienced the largest increases.” This is real harm that puts our children’s “long-term health and quality of life at risk.”

Given the pandemic of childhood obesity which is the number one preventable cause of death among our youth and the number one comorbidity among our young for COVID [according to the CDC](#), the evidence indicates that we have been doing more harm than good in many ways. These demonstrable negative externalities heaped upon our youngest community members deserve due consideration and hearing.

In Montgomery county, we wouldn’t dream of banning gay and bisexual men from our bars, clubs and gyms because they accounted for 69% of all HIV infections in the US [according to the CDC](#) while only representing 5-10% of the population.

Our laws against such practices exist because there are too many painful historical examples of political majorities in power, limiting access to the public square for certain “undesirable” and “unclean” minority groups under thinly veiled pretenses of half-baked science and the “public interest” that resonate with the majority. We are typically very circumspect about such bans particularly when their limitations place no burden on the majority, and all of it on specific subgroups. This measure manages to unnecessarily burden everyone.

And yet, our youth who are arguably the least threatening to others just now and who most need to get out of the house will be negatively affected by this. Only 27% of children age 5-11 are vaccinated [according to the CDC](#). Again, this order really cuts deep when it comes to the impact on children. According to the resolution, sometime after the month of March 2022 my very young son will be unable to enter and be seated in a neighborhood coffee shop with me unless I inoculate him against a virus that is statistically less likely to harm him than an asteroid strike, and a virus of which he, as a young child, is not a significant vector of transmission (again, in a county with a 95% vaccination rate). Put aside for a moment my personal abhorrence for that restriction in a county in which my family resides and pays a significant amount in taxes and consider that the current spate of available vaccines have a reported and very real risk of myocarditis in otherwise completely healthy young boys. This, in my mind, makes this mandate all the more unconscionable.

On the issue of enforcement – the resolution states that designated businesses are obliged to post signage regarding the mandate and then face penalties for failure to enforce it, whether they want to shoulder this added burden at a time we have an unprecedented shortage of both workers and products or not. Unsurprisingly, the discovery section states that upon reviewing such mandates in NYC, Oahu, and Chicago: “Anecdotally, businesses in all three jurisdictions are quoted with negative reactions towards the vaccine passport requirement.”

If I were to enter an establishment with my 4yr old, or potentially 5 or 6yr old son, do I now have to carry birth certificates around on local errands to then be subject to interrogation about age and vaccination status? And by whom? The teenager behind the counter? If I wanted to meet locally with a friend or family member from another county who is unvaccinated due to a medical or religious

exemption, I would have to ask them to acquire and be ready to display documents and extremely personal information to a hostess at a restaurant? That is an unreasonable burden and will simply not happen. Many people will choose to frequent establishments in neighboring counties and Virginia, and our small businesses will suffer the consequences.

Which brings me to the complete lack of epidemiological rigor in any application of this mandate. The list of exemptions, for example, which includes big box stores. Apparently, no one writing this has been to Costco on a weekend, because if they had they would immediately observe that it is more crowded and devoid of a general foot traffic flow than any museum (which are not exempt) that I've ever been to, including the Uffizi and the Louvre in pre-pandemic summers.

I noticed there is language in this resolution XXX that if passed as is, allows for quick amendments to any part of the mandate in the future, including the long list of exemptions. This seems to be a built-in dodge of any future community input should the council decide to remove anything from houses of worship to K-12 schools from the list of exemptions. This is extremely troubling.

Lastly, let's follow the well-documented science and state the obvious. Let us STOP conflating unvaccinated people with infected people. As we have learned, both vaccinated and unvaccinated people can carry and transmit the virus, so this mandate would effectuate zero guarantee of zero transmission. Furthermore, as the current infection rate comes down, more people than ever will have caught the virus and recovered, thus acquiring natural immunity which experts have acknowledged is likely as effective as acquired immunity by vaccine. This vaccine passport will be no help in keeping an infected person, vaccinated or unvaccinated, away from others. It will not stop the spread of a sometimes undetectable virus that can be carried by each and every person. If zero transmission is the goal, then proof of a recent negative test is the only thing that would be potentially effective. If increasing vaccination rates is the goal, again, MoCo has a 95% vaccination rate. This mandate will do nothing except make our county more insular, more discriminatory, less welcoming, and less visited.

Please vote against this resolution.

Sincerely,

Mari Garcia

District 1